

U.S. Preventive Services Task Force Hepatitis C Screening Recommendations Questions and Answers from CDC

Q1. Why has CDC developed this Q and A?

A1. CDC has developed this document to address questions that might arise about how and why the hepatitis C screening recommendations for adults made by the United States Preventive Services Task Force (USPSTF) differ from those previously published by CDC.

The USPSTF is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services. The Task Force and its review of published research are supported by the Agency for Healthcare Research and Quality, Department of Health and Human Services.

The USPSTF makes recommendations based on review of the published literature and a strict set of criteria. The primary basis for their findings are whether there is sufficient evidence (e.g., data on effectiveness) that the intervention (service) improves important long-term, health outcomes (e.g., mortality, morbidity, quality of life) and that benefits outweigh harms.

Q2. What are the USPSTF hepatitis C screening recommendations?

A2. The Task Force:

- recommended against routine screening for hepatitis C virus (HCV) infection in the general U.S. population because of the low prevalence of infection
- found insufficient evidence to recommend for or against routine HCV screening in adults at high risk for infection because there is no evidence yet that such screening leads to improved long-term health outcomes.

Q3. Are the USPSTF hepatitis C screening recommendations consistent with CDC hepatitis C screening recommendations?

A3. The Task Force recommendation against routine screening for HCV infection in the general population is the same as CDC's recommendation. In addition, the Task Force recommendation that health care providers test for HCV infection persons with signs (e.g., elevated ALT) or symptoms of liver disease also support CDC's recommendation.

The recommendation that there is insufficient evidence for or against HCV testing in adults at high risk for infection differs from current recommendations made by CDC, NIH and other professional organizations because there are criteria other than evidence of improved long-term outcomes that can support recommendations for routine testing.

Q4. Why does CDC recommend HCV testing routinely for persons at increased risk?

A4. About 2.7 million persons are chronically infected with HCV, and most of these are adults 30-59 years old. A major focus of current prevention activities is to reduce progression or severity of chronic disease as this cohort ages. Identification of HCV infected persons provides the opportunity for medical evaluation to determine disease status and possible treatment, and to obtain information on how they can prevent further harm to their liver (e.g., reduce alcohol intake, hepatitis A and hepatitis B immunization, substance abuse treatment). In addition, identification of HCV infected persons provides the opportunity for counseling on how to prevent transmission to others.

Q5. Who is the target audience for CDC's recommendations?

A5. CDC's hepatitis C screening recommendations are intended to serve as a resource for health professionals, public health officials, and organizations involved in the development, delivery, and evaluation of prevention and clinical services.

Q6. Who are the persons, most likely to be infected with HCV, that CDC recommends be tested?

A6. Persons most likely to be infected with HCV for whom testing should be offered routinely are:

- persons who ever injected illegal drugs;
- persons who received clotting factor concentrates produced before 1987 (e.g., those with hemophilia);
- persons who were ever on chronic (long-term) hemodialysis;
- persons with persistently abnormal liver enzymes (i.e., alanine aminotransferase levels); and
- persons who received a transfusion of blood or blood components or an organ transplant before July 1992.

Persons for whom CDC recommends routine testing based on a recognized exposure are:

- health care, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood; and
- children born to HCV-positive women.

Q7. How did CDC select these persons for screening routinely?

A7. These recommendations were made based on various considerations, including established epidemiologic relationships between risk factors and acquiring HCV infection, the prevalence of risk behaviors in the population, the prevalence of HCV infection among persons with a risk behavior, and the need for persons with a recognized exposure to be evaluated for infection.

Q8. When and where were CDC's hepatitis C screening recommendations published?

A8. Hepatitis C screening recommendations were published by CDC in 1998 in: Centers for Disease Control and Prevention. Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease. MMWR 1998;47(No.RR-19). These recommendations are available on the internet at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00055154.htm>.

Q9. What was the process used to develop CDC hepatitis C screening recommendations?

A9. These recommendations were developed by CDC based on extensive review of available knowledge and after consultation with a panel of experts, including representatives from federal agencies, state and local public health departments, professional medical organizations, blood banking organizations, and community groups.

Q10. Why did the USPSTF's conclude that there is insufficient evidence to recommend for or against routine screening of adults at increased risk for hepatitis C?

A10. Currently the data are insufficient to determine whether *long term outcomes* are improved in HCV infected patients who receive antiviral treatment for chronic hepatitis. However, controlled clinical trials have shown that antiviral therapy for chronic hepatitis C results in the intermediate outcomes of eradication of virus and improved liver histology in an average of 50% of treated patients. These intermediate benefits may be surrogates for long-term benefits. In addition, the Food and Drug Administration has licensed treatment for chronic hepatitis C based on short and intermediate term outcomes and a conclusion that the benefit of treatment outweighs potential harms.

Q11. Are there important gaps in the information needed to determine the health benefits of HCV screening?

A11. There is a need for further research to evaluate the long-term effectiveness of antiviral therapy for chronic hepatitis C. In addition, it is not known whether counseling HCV-infected persons leads to behavior changes that would reduce transmission or reduce liver damage from alcohol and/or drug abuse, and studies are needed to determine the effectiveness of these interventions.

Because of the variability in the progression of HCV infection, it is important to define more precisely the risk of developing clinically important liver disease and factors that accelerate disease progression. In addition, studies are needed to identify HCV infected persons who would most likely benefit from antiviral therapy as measured by decreased mortality and morbidity, and improvement in quality of life.

It is known that patients with chronic hepatitis C are more likely to have fulminant disease if they are infected with hepatitis A virus and the Advisory Committee on Immunization Practices recommends hepatitis A vaccination for persons with chronic hepatitis C. However, the effectiveness of this intervention has not been evaluated.

In addition, research is needed to determine the screening benefit of identification and counseling of uninfected persons who are at increased risk for HCV infection and other bloodborne infections such as hepatitis B and HIV/AIDS.

Q12. Is CDC planning any changes in implementation of the National Hepatitis C Prevention Strategy?

A12. At this time CDC continues to support implementation of hepatitis C prevention activities and evaluation of the effectiveness of these activities.

The National Hepatitis C Prevention Strategy is available on the internet at:
<http://www.cdc.gov/ncidod/diseases/hepatitis/c/plan/strategy.pdf>

The principal components of this strategy are:

- education of health care and public health professionals to improve the identification of persons at risk for HCV infection and to ensure appropriate counseling, diagnosis, medical management, and treatment;
- education of the public and persons at risk for infection about risk factors for HCV transmission, and the need for testing and medical evaluation;
- clinical and public health activities to identify, counsel, and test persons at risk for HCV infection, and medical evaluation or referral for those found to be infected;
- outreach and community-based programs to prevent practices that put people at risk for HCV infection, and to identify persons who need to get tested;
- surveillance to monitor acute and chronic disease trends and to evaluate the effectiveness of prevention and medical care activities; and
- research to better guide prevention efforts.

March 17, 2004